# Iowa Head Start Health Project Final Report to Iowa Department of Education

(Project Period: January 6, 2003 – September 29, 2003)

Submitted by Ritaann Carpenter, Project Coordinator Iowa Department of Public Health September 29, 2003

## **Table of Contents**

Table of Contents	ii
Executive Summary	iii
Section I	
Section II	
Section III	xii
Section IV—Summary Project Recommendations	xii
Section VBudget	
Section VIAppendices	

## **Executive Summary**

The activities of the Iowa Head Start Health Project were directed by the three goals set forth in the project grant proposal. This executive summary outlines project activities and outcomes in each of the three goal areas during the project period of January 6, 2003 through September 29, 2003.

# I. Cooperative Agreement between Iowa Department of Public Health, Iowa Department of Education and Head Start Collaboration.

The project built on a previous agreement linking the Iowa Department of Public Health's Title V program and Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and local Head Start grantees. The agreement was updated to include the Head Start State Collaboration Office, renew signatory agencies' commitment, and reflect improved collaboration. This revised agreement is expected to be in effect by November 1, 2003.

A survey assessing the relationships among the Iowa Department of Public Health, Iowa Department of Education and Head Start collaboration was distributed to Iowa's 18 Head Start grantees. The assessment results highlighted the strengths and needs of current relationships. For example, Head Start enrollees appear to underutilize *hawk-i* and Medicaid, but the rate of Head Start and Early Head Start enrollees who had received an oral health screening was high even though 72 of Iowa's 99 counties are designated Health Professional Shortage Areas for Dental Care.

# II. Increased access to professional training for Head Start Health Specialists and Healthy Child Care Iowa Health Consultants.

A training needs assessment was conducted to identify grantees' training priorities. The assessment addressed training needs in eight topic areas, and the results guided project activities.

The state health project coordinator and representatives from seven Head Start grantees represented Iowa at the National Head Start Health Institute. A follow-up meeting was held in Iowa to disseminate information from the national meeting to local Head Start grantees and partners. The follow-up meeting was also attended by employees of the Iowa Department of Public Health, creating an opportunity for conversation between state and local staff members.

The grant provided enhanced availability to health information and resources. Each Head Start agency received a list of health resources available in Iowa and a CD-ROM Desktop Reference Guide containing Head Start Performance Standards and other Head Start information. The *Iowa Family Child Care Handbook* was available upon request. Compilation of an electronic distribution list for Iowa Head Start grantees made discussion and exchange of information quick and easy. The state health project

coordinator made referrals and provided information as requested by grantees. Additionally, plans are in place to supply each Head Start and Early Head Start classroom with a copy of *Stepping Stones to Using Caring for our Children, National Health and Safety Performance Standards-Guidelines for Out-of-Home Child Care Programs*, 2<sup>nd</sup> edition.

# III. Head Start will have a consistent, respected presence on state level health and early childhood teams.

The state health project coordinator represented Head Start at approximately 20 health and early childhood state level workgroups and councils.

The Iowa Head Start Health Project was successful in meeting the goals described in the project grant proposal. This final report contains a detailed account of project activities, outcomes, and research results.

#### Introduction

The purpose of the Iowa Head Start Health Project was to more fully understand the current working relationships between state and local programs administered by the Iowa Department of Education, the Iowa Department of Public Health and the Iowa Head Start Association (IHSA) and its representative grantees. The end result as proposed would promote and support state and local efforts to improve program coordination and service delivery for low-income children and their families who are eligible to participate in Head Start.

The activities of the Iowa Head Start Health Project were directed by the three goals set forth in the project grant proposal. This report is for the project period of January 6, 2003 through September 29, 2003 and accounts for the activities of the state health project coordinator funded by the project grant.

The grant was provided to fund three areas of focus.

- I. Cooperative Agreement between Iowa Department of Public Health, Iowa Department of Education and Head Start Collaboration
- II. Increased access to professional training for Head Start Health Specialists and Healthy Child Care Iowa Health Consultants.
- III. Head Start will have a consistent, respected presence on state level health and early childhood teams.

Sections I – III of this document record the activities related to each of the three project goals. Section IV provides recommendations based on the findings of the project. Section V provides budgetary information. Lastly, Section VI provides products and tools developed through the project.

#### **Section I**

Result I: Cooperative Agreement between Iowa Department of Public Health, Iowa Department of Education, and Head Start Collaboration

#### Interagency Agreement

During the background research conducted for this outcome, it was determined that an Interagency agreement between the Iowa Head Start Association, the Iowa Department of Education and the Iowa Department of Public Health had previously existed. The project built on this agreement, further linking the Iowa Department of Public Health's Title V program, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Food Stamp Nutrition Education Program (FSNEP), Head Start State Collaboration Office and local Head Start grantees. The agreement was updated to include the Head Start State Collaboration Office, the Food Stamp Nutrition Education

(FSNEP), renew signatory agencies' commitment, and reflect improved collaboration. This revised agreement is expected to be in effect by November 1, 2003.

The agreement strives to strengthen working relationships between the programs. Its purpose statement follows.

"The purpose of this Interagency Agreement is to establish a collaborative relationship between the state (Iowa Head Start State Collaboration Office) and local Head Start programs in Iowa (represented by the Iowa Head Start Association), Title V Maternal and Child Health, and WIC, and the Food Stamp Nutrition Education programs. These programs will work together to promote and support state and local efforts to improve program coordination and service delivery for low-income children and their families who are eligible to participate in Head Start, Title V Maternal and Child Health (MCH), and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Food Stamp Nutrition Education (FSNEP) programs."

The draft of the document appears in Appendix D on page 135 of the Appendices.

#### Early Head Start and Head Start Grantee Health Component Needs Assessment

To better understand the current working relationships between the programs affected by the proposed agreement, an assessment survey was developed. The survey was then distributed to the 18 Head Start grantees charged with administering the Head Start program in Iowa. The response rate was 94 percent. The survey tool can be found in Appendix E on page 141 of the Appendices. Eighty-nine of Iowa's 99 counties are included in the final assessment. The county-by-county results can be found in Appendix A beginning on page 1 of the Appendices.

Information in the summary document was self-reported by Iowa Head Start grantees (April –August 2003) and not all program data is reported. The survey should be considered one source of data and was not designed as a sole resource for drawing health data conclusions. Due to the specific configuration of data requested, some grantees provided an approximated data; therefore, the analysis presented here is based on information reported.

The survey analysis pointed to many areas of existing collaboration between local Head Start, WIC and Title V Maternal and Child Health (MCH) programs. However, the analysis also identified many areas where relationships need to be strengthened or established.

Highlights of the survey results follow.

#### **Head Start**

• Ninety-three percent of the Head Start enrollees included in the survey had received an oral health screening conducted by an oral health professional.

- Ninety-six percent of the Head Start enrollees included in the survey were current with well child exams as specified by the EPSDT periodicity table.
- Nine percent of the Head Start enrollees included were classified as Children With Special Health Care Needs.
- Sixty-four percent of the Head Start enrollees included in the survey were enrolled in Medicaid.
- Three percent of the Head Start enrollees included in the survey were enrolled in *hawk-i*, the State Children's Health Insurance Program.
- Nineteen percent of the Head Start enrollees included in the survey were enrolled with a private insurance program.
- Seventeen percent of the Head Start enrollees included in the survey were uninsured or their insurance coverage was unknown.

#### Early Head Start

- Sixty-four percent of the Early Head Start enrollees included in the survey had received an oral health screening conducted by an oral health professional.
- Ninety-two percent of the Early Head Start enrollees included in the survey were current with well child exams as specified by the EPSDT periodicity table.
- Ten percent of the Early Head Start enrollees included were classified as Children With Special Health Care Needs.
- Seventy-seven percent of the Early Head Start enrollees included in the survey were enrolled in Medicaid.
- Three percent of the Early Head Start enrollees included in the survey were enrolled in *hawk-i*, the State Children's Health Insurance Program.
- Twelve percent of the Early Head Start enrollees included in the survey were enrolled with a private insurance program.
- Seven percent of the Early Head Start enrollees included in the survey were uninsured or their insurance coverage was unknown.

#### **General Conclusions**

- A. The findings suggest an under-utilization of *hawk-i* and Medicaid among Head Start enrollees. Seventeen and seven percent of Head Start and Early Head Start enrollees respectively were uninsured or their insurance coverage was unknown.
- B. Surprisingly, although 72 of Iowa's 99 counties are currently classified as federal Health Professional Shortage Areas for Dental Health Care, 93 percent of Head Start enrollees and 64 percent of Early Head Start enrollees had received an oral health screening conducted by an oral health professional.
- C. The regulations that govern all Head Start programs, the Head Start Program Performance Standards, require that every Head Start program form and maintain a Health Services Advisory Committee (HSAC) to advise in the planning, operation, and evaluation of health services in Head Start and Early Head Start programs [Section 1304.41(B)]. HSACs assist local programs in a variety of

activities, including developing plans, policies, and procedures; training staff and parents; and accessing community health resources. The HSAC plays an important role in ensuring that Head Start programs provide comprehensive, integrated, and effective health services to children and their families. It supports improved outcomes by building relationships among the threads of a community, helping to weave a close-knit group of parents, Head Start staff, and local health providers who will work together to improve health services to low-income children and their families across the nation.

The project findings suggest the Health Services Advisory Council membership representation to be an area needing additional collaborations. Many grantees lack representation from a cross-section of health care providers including the Title V MCH programs and Child Care Resource and Referral. This lack of representation is reinforced by the lack of working collaborations reported.

#### Recommendations

Based on project findings the following is recommended.

- A. The Iowa Head Start State Collaboration Office should provide support to facilitate the collaborative relationship described in the Interagency Agreement. That support could include but is not limited to resources, technical assistance and facilitation. The Office should hold no less than annual meetings of the signatory agencies to assess the effectiveness and efficacy of the agreement and to recommend additional action to expand and improve collaboration.
- B. Establish a State Head Start Health Services Advisory Team with membership from all signatory agencies and other state programs related to the health and safety of young children. This Advisory Team would discuss and make recommendations regarding emerging issues and areas for increased collaboration. The Head Start State Collaboration Office should provide leadership for convening the advisory team meetings.
- C. Identify areas where assistance is needed by continuing to formally assess local grantee collaborative efforts.

#### Section II

# Result II: Increased access to professional training for Head Start Health Specialists and Healthy Child Care Iowa Health Consultants

#### Assessment of Training Needs

The Iowa Head Start Association conducted a Training Needs Assessment in the second quarter of 2003. Ten of the 18 grantees completed the survey. Grantees rated the following health or health-related topics as high priority.

Early Childhood Health and Development

- Developmental, sensory and behavioral screening
- Involving/empowering parents
- Oral health
- Rural issues and concerns

Child Health and Safety

- Supporting family hygiene
- Department of Human Services Licensing regulations
- Homeland Security policies and procedures

#### Mental Health

- Staff
- Stress Management
- Social/emotional

Family and Community Partnerships

- Family goal setting
- Family partnership agreements
- Parent involvement
- Effective home visits
- Developing parent education modules
- Father/male involvement
- Family literacy

Community partnerships

• Child care partnerships

Eligibility, Recruitment, Selection, Enrollment and Attendance in Head Start

Attendance

The respondents also indicated a preference for conducting networking sessions in a central location.

#### **Activities and Resources Provided**

A. The National Head Start Health Institute was held April 2003 in Washington D.C. This conference brought together over 2000 participants from all 50 states. Iowa was represented by seven of its grantees and the state health project coordinator. This weeklong event provided participants with information from national experts

on a wide array of child health topics and provided formal and informal networking opportunities. The state health project coordinator represented Iowa by acting as a facilitator of regional networking discussion groups.

As a follow-up to the national conference, a statewide summit was held June 11, 2003 for Head Start Health Specialists and staff. The state health project coordinator and members of the Community Development Institute (CDI) conducted the session. Over 40 individuals took part in the day representing 13 of the 18 grantees. State representatives from maternal and child health, WIC, child care, EPSDT, *hawk-i*, community health, immunization, lead screening and many more were available to meet with Head Start personnel and answer questions. Evaluation surveys submitted at the conclusion of the event underlined grantees' need for continued education in available state health resources. For a more detailed summary see Appendix F on page 147 of the Appendices.

The state health project coordinator also collaborated with CDI staff to conduct follow-up meetings in Nebraska, Missouri and Kansas. The coordinator cofacilitated the daylong events in Nebraska and Kansas.

- B. The state health project coordinator collected agency contact information for the 18 grantees to establish an electronic distribution mode for information sharing. Information was provided regarding upcoming educational opportunities, health bulletins, Iowa Department of Public Health electronic newsletters, Healthy Child Care Iowa trainings and bulletins, and numerous other topics of interest. A copy of the grantee contact information listing can be found in Appendix B on page 117 of the Appendices.
- C. The state health project coordinator obtained CD-ROM Desktop Reference Guides containing the Head Start Performance Standards and other reference materials pertaining to Head Start from the National Clearinghouse. The CDs were distributed to all 18 Iowa Head Start grantees, and state child health program staff.
- D. During the project period, ten of Iowa's 18 Head Start grantees requested information regarding health policies and programming through the state health project coordinator. Referrals to specific program staff were made as appropriate. Information was provided on a wide variety of health-related topics. The coordinator assisted with one grantee with an orientation for its Health Services Advisory Council. The state health project coordinator facilitated face-to-face meetings with grantees and state health programming staff as requested.
- E. A listing of state level health resources was created and distributed to all Head Start grantees. This list includes phone numbers and contact person information specific to Iowa. A copy can be found in Appendix C on page 126 of the Appendices.

- F. The *Iowa Family Child Care Handbook* was made available upon request to all Early and Head Start programs across the state through the Iowa Healthy Families Line and Child Care Resource and Referral. This tool has information regarding health, child development and safety as it pertains to childcare.
- G. Plans are in place to provide each Head Start and Early Head Start classroom with a copy of Stepping Stones to Using Caring for Our Children, National Health and Safety Performance Standards-Guidelines for Out-of-Home Child Care Programs, 2<sup>nd</sup> edition. This reference guide provides the classroom staff with 233 standards selected as a subset of the 659 national health and safety performance standards in Caring for Our Children, 2<sup>nd</sup> edition. The subset includes the standards that have the greatest impact on disease, disability and death in out-of-home child care settings.

#### **Recommendations**

Based on project findings, the following is recommended.

- A. Maintain the grantee contact listing and electronic distribution listing. The Head Start State Collaboration Office is well positioned to maintain the listings. Similarly, the Head Start State Collaboration Office should establish electronic communication with health and childcare information sources and should forward information to local grantees as appropriate. (For example, the Healthy Child Care Iowa list serve or *hawk-i* list serve.)
- B. Establish a State Head Start Health Advisory Team subgroup on training. The subgroup membership should include local Head Start grantee health staff and state health and child care program representatives. The team would determine health information and educational needs for local grantee health staff. Statewide meetings for Head Start Health Specialists would be held twice yearly with the subject matter being determined by the state Head Start Health Advisory team. The result would be enhanced awareness of state training opportunities for local Head Start Health staff.
- C. Inform local grantee Head Start Health personnel of Healthy Child Care Iowa/Healthy Child Care America trainings and encourage attendance at the regional, state and national levels.
- D. Support increased educational requirements for Head Start Health personnel, focusing on personnel with less than RN credentials.
- E. Improve access to state health resources to address the areas identified in the IHSA training needs assessment.

#### **Section III**

# Result III: Head Start will have a consistent, respected presence on state level health and early childhood teams

The state health project coordinator identified health and early childhood state level workgroups and councils where Head Start should be represented. Throughout the project period of January through September 2003, the coordinator attended meetings of the identified groups adding Head Start's voice to decision-making as appropriate.

The state health project coordinator attended meetings of approximately 20 different state level workgroups and councils during the project period. See Appendix G on page 148 in the Appendices for a listing.

#### **Recommendations**

Based on project findings the following is recommended.

- A. Facilitate the recommended State Head Start Health Advisory Team (see Section II). Members of this Advisory team would network with state level health and childcare workgroups and councils to provide a Head Start presence when decisions related to the Head Start community are made. The Head Start State Collaboration Office is well positioned to take a leadership role in facilitating the Team.
- B. Procure funding for the continuation of the Head Start Health Coordinator position providing Head Start grantees a state level health resource and presence. The results of this project suggest a number of unmet needs related to linking Head Start to health services. Significant strides were made during the project period. However, feedback demonstrates a continued need.

## **Section IV—Summary Project Recommendations**

Based on the project findings it is recommended that:

A. An all-encompassing program educating parents about health be implemented to improve the health of the all Iowa children and families in Head Start. As illustrated by the training needs assessment, empowering and educating parents about their children's health needs and empowering parents to meet those needs is

paramount. One approach would be to "train" parents to use a reference guide to determine their children's health status. An example of this approach Dr. Ariella Hermann's pilot project at the Anderson Graduate School of Management, UCLA entitled, "Making Informed Decisions: Head Start Parents and Staff as Educated Health Care Consumers" (for further information go to <a href="http://www.hsnrc.org/HealthInstitute/sessions4.cfm#herman">http://www.hsnrc.org/HealthInstitute/sessions4.cfm#herman</a>.) A wide range of needs would be addressed by educating and empowering parents. Similar programs of proven success could also be undertaken at great advantage.

- B. Funding is procured to establish a permanent State Head Start Health Coordinator position to continue the coordination, training and resourcing of Head Start that is evident in the activities of this report. The experience learned by this grant confirms the need to maintain ongoing support for Head Start Health program services and the continued awareness of health care issues.
- C. A State Head Start Health Services Advisory Team be established with membership from all signatory agencies from the Interagency Agreement discussed in Section I, as well as, other state programs related to the health and safety of young children. The team should discuss and make recommendations regarding emerging issues and areas for increased collaboration. The Head Start State Collaboration Office is well positioned to facilitate the advisory team meetings.

## **Section V--Budget**

The report regarding budgetary expenditures for the Iowa Head Start Health Project will not be available until 90 days following the end of the project period. At that time, the Iowa Department of Public Health will provide an accounting to the Iowa Department of Education as stated in the contract agreement.

## **Section VI--Appendices**

### **Table of Contents**

Appendix AIowa Head Start Health Assessment Summary	
Head Start Programs Only by County	1
Early Head Start Programs by County	91
Appendix BIowa Head Start Agency Contact List	
Appendix CHealth Resource List—Iowa	126
Appendix DInteragency Agreement	135
Appendix EGrantee Health Component Needs Assessment Tool	141
Appendix FIowa Head Start Health Institute Meeting Summary	147
Appendix GProgram Staff, Workgroups, Councils, & Teams Networking	